

P10000064490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

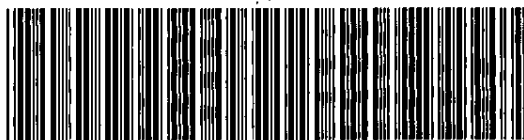
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/05/10--01017--013 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 AUG -5 AM 10:39

APPROVAL  
AND  
FILED

Ps 8/9/10

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** CUSTOM TEES, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MURRAY J COHEN P.A.

Name (Printed or typed)

10330 CAMELBACK LN

Address

BOCA RATON, FL 33498

City, State & Zip

561-482-8682

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

CUSTOM TEES, INC

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

22778 SW 65 WAY

BOCA RATON, FL 33428

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL SALES

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

J. EISENBERG PRES

22778 SW 65 WAY

BOCA RATON FL

33428

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MURRAY J COHEN P.A.

10330 CAMELBACK LANE

BOCA RATON FL, 33498

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MURRAY COHEN

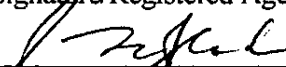
10330 CAMELBACK LN

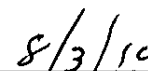
BOCA RATON, FL 33498

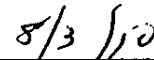
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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APPROVED  
AND  
FILED